



PTO/SB/82 (09-04)

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| | |
|------------------------|-----------------|
| Application Number | 10/659,548 |
| Filing Date | 09/10/2003 |
| First Named Inventor | Coleman, Marian |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 30184☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:30184**OR**

| | | | | | |
|--|-----------------------|-------|----|-----|-------|
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I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
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| Signature | Marian H Coleman | | |
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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